PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	form should be used f correspondence including ed below or directed oth tions.	or transr g the Pa erwise in	mitting the ISSU tent, advance or n Block I, by (a					ould be completed where correspondence address as ate "FEE ADDRESS" for	
	ENCE ADDRESS (Note: Use Bl	ock 1 for an	y change of address)	No Fe pa ha	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
23122	23122 7590 04/29/2010					Certificate of Transmission			
RATNERPRE P.O. BOX 980				I hereby certify that this Fee(s) Transmittal is being electronically transmitted to Mail Stop ISSUE FEE, USPTO, Alexandria, VA on the date indicated below.					
VALLEY FOR	žE, PA 19482		F	[1			(Depositor's name)		
					Magneen 1.			(Signature)	
				 	MATALLES 1 201		serey	(Date)	
				June 1, 201	.0		(Date)		
APPLICATION NO.	O. FILING DATE			FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/591,083	Daniel Bande Martinez	Daniel Bande Martinez TJA-148US 7797							
TITLE OF INVENTION: REARVIEW MIRROR ASSEMBLY OF AN AUTOMOTIVE VEHICLE WITH A FLASHING DEVICE									
APPLN. TYPE	SMALL ENTITY	ISSU	JE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	NO		\$300	\$0		\$1810_	07/29/2010	
EXAMINER AR			RT UNI T	CLASS-SUBCLASS	1825				
DUNWIDDIE, MEGHAN K 2875			2875	362-494000	-			•	
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list RatnerPrestia									
CFR 1.363).				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				(2) the name of a single firm (having as a member a 2					
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE	PRINTED ON	THE PATENT (print or t	ypc)				
PLEASE NOTE: Un recordation as set for	less an assignee is ident th in 37 CFR 3.11. Com	ified bel	ow, no assignee f this form is NO	data will appear on the T a substitute for filing a	patent. If an assign n assignment.	nec is id	entified below, the do	beument has been filed for	
(A) NAME OF ASSI				(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
FICO MIRRORS, SA BARCELONA, SPAIN									
Please check the approp	riate assignee entegory or	categori	es (will not be p	rinted on the patent):	Individual 🗹 🖸	Corporati	on or other private gro	up entity Government	
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)									
Issue Fee				☐/A check is enclosed.					
Publication Fee (No small entity discount permitted) Advance Order - # of Copies 5				Payment by credit card. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 18-0350					
Advance Order -	# of Copies			overpayment, to De	posit Account Numb	per <u>18-0</u>	0350		
a. Applicant clain	atus (from status indicate ns SMALL ENTITY stat	us. Sec 3	7 CFR 1.27.	☐ b. Applicant is no le					
NOTE: The Issue Fee an interest as shown by the	nd Publication Fee (if req records of the United Sta	uired) w	ill not be acceptent and Trademark	d from anyone other than	n the applicant; a reg	gistered a	attorney or agent; or th	e assignee or other party in	
Authorized Signature			M		Jı Date	ine 1	, 2010		
Typed or printed name	Jacques I	owicz	Registration No. 41,738						
This collection of inform	nation is required by 37	CFR 1.31	1. The informati	on is required to obtain o	r retain a benefit by	the pub	lic which is to file (and	by the USPTO to process)	
an application. Confidence submitting the complete	ntiality is governed by 33 and application form to the	o U.S.C. e USPT(urden shi	122 and 37 CFK	depending upon the income Chief Information Off	dividual case. Any of the U.S. Patent and	omment d Traden	ts on the amount of tir nark Office, U.S. Dep	ng gathering, preparing, and the you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	

Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.